

**CITY COUNCIL  
Special Meeting Agenda  
Liquor Violation Hearings  
February 25, 2002 – 7:30 P.M.  
Council Chambers – City Hall  
500 West Big Beaver, Troy, Michigan 48084  
(248) 524-3300**

**CALL TO ORDER** **1**

**Invocation & Pledge Of Allegiance** **1**

**ROLL CALL** **1**

**OUTLINE OF PUBLIC HEARING PROCEDURE** **1**

**PUBLIC HEARINGS** **2**

- 1.0 Liquor Violations Class C and B-Hotel: (a) P.F. Chang's China Bistro, Somerset Collection-2801 W Big Beaver; (b) Embassy Suites Hotel, 850 Tower Dr. 2

- (a) P.F. Chang's China Bistro, Somerset Collection-2801 W Big Beaver 2

- (b) Embassy Suites Hotel, 850 Tower Dr. 3

**LIQUOR VIOLATIONS** **4**

- 2.0 Resolution Regarding Recently Acquired/Other Class C and B-Hotel Licensed Establishments: (a) Ruth's Chris Steak House, 755 W Big Beaver; (b) McCormick & Schmick Seafood Restaurant, 2850 Coolidge; (c) Ashoka Indian Cuisine/B&R Enterprises, Inc., 3642 Rochester Rd. 4

- (a) Ruth's Chris Steak House, 755 W Big Beaver 4

- (b) McCormick & Schmick Seafood Restaurant, 2850 Coolidge 5

- (c) Ashoka Indian Cuisine/B&R Enterprises, Inc., 3642 Rochester Rd. 6

***NOTICE: People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk (248) 524-3316 at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.***

## **CALL TO ORDER**

### **Invocation & Pledge Of Allegiance**

## **ROLL CALL**

Mayor Matt Pryor  
Robin Beltramini  
Martin F. Howrylak  
Thomas S. Kaszubski  
David A. Lambert  
Anthony N. Pallotta  
Louise E. Schilling

## **OUTLINE OF PUBLIC HEARING PROCEDURE**

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
11. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

**PUBLIC HEARINGS**

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

- a)     Name:                 P.F. Chang's China Bistro, Inc.  
          Address:           Somerset Collection  
                              2801 W. Big Beaver  
                              First Level, D-112  
          License No.:       3886-2000 (Class C)
- b)     Name:                 Embassy Suites Hotel  
          Address:           850 Tower Dr.  
          License No.:       30594-1999 (B-Hotel)

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**1.0   Liquor Violations Class C and B-Hotel: (a) P.F. Chang's China Bistro, Somerset Collection-2801 W Big Beaver; (b) Embassy Suites Hotel, 850 Tower Dr.**

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**(a)   P.F. Chang's China Bistro, Somerset Collection-2801 W Big Beaver**

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Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 25, 2002, for the following licensed establishment:

- Name:                 P.F. Chang's China Bistro, Inc.
- Address:             Somerset Collection  
                          2801 W. Big Beaver  
                          First Level, D-112
- License No.:         3886-2000 (Class C)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on OCTOBER 5, 2001 and SALE TO MINOR (2) (MLCC CT) on NOVEMBER 1, 2001; and

WHEREAS, This licensee has had prior violations dated November 23, 1993 – Sale to Minor (Compliance Test); August 11, 1994 – Sale to Minor (Compliance Test) - under ownership of Stelling and February 7, 1999 – Serve Intoxicated Person - under ownership of P.F. Chang's; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 25, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 3886-2000 (Class C) in the name of P.F. Chang's China Bistro in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

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**(b) Embassy Suites Hotel, 850 Tower Dr.**

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

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Name:	Embassy Suites Hotel
Address:	850 Tower Dr.
License No.:	30594-1999 (B-Hotel)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on AUGUST 17, 2001; and

WHEREAS, This licensee has had prior violations dated November 2, 1990 – Sale to Minor (Compliance Test); July 31, 1991 – Sale to Minor (Compliance Test); April 6, 1995 – Sale to Minor (Compliance Test) (2 Charges); March 20, 1997 – Sell or transfer license w/o MLCC permission; November 6, 1998 – Sale to Minor (Compliance Test); April 27, 2000 – Fail to Display License (Road Patrol); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 25, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to

the Michigan Liquor Control Commission that License Number 30594-1999 (B-Hotel) in the name of Embassy Suites Hotel in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

## LIQUOR VIOLATIONS

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**2.0 Resolution Regarding Recently Acquired/Other Class C and B-Hotel Licensed Establishments: (a) Ruth's Chris Steak House, 755 W Big Beaver; (b) McCormick & Schmick Seafood Restaurant, 2850 Coolidge; (c) Ashoka Indian Cuisine/B&R Enterprises, Inc., 3642 Rochester Rd.**

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**(a) Ruth's Chris Steak House, 755 W Big Beaver**

### Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, The State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – MAY 3, 2001

SALE TO MINOR (COMPLIANCE TEST) – AUGUST 17, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

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**(b) McCormick & Schmick Seafood Restaurant, 2850 Coolidge**

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Yes:

No:

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**(c) Ashoka Indian Cuisine/B&R Enterprises, Inc., 3642 Rochester Rd.**

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Yes:

No:



P.F. Chang's China Bistro  
P.F. Chang's China Bistro, Inc.  
2801 W Big Beaver - First Level, D-112  
Troy MI 48084  
Class C 3886-2000  
Sale to Minor (2x) (MLCC CT);  
Sale to Minor (Compliance Test)

# LCC

## Liquor Licensee History

Business name: **P.F. Chang's China Bistro**

Address: Somerset Collection, Second Level, space j230 (248) 816-8000

Licensee: P.F. Chang's China Bistro, Inc.

License type: **Class C (3886-2000)**

Permits: Sunday Sales, Food

Comments: Formerly Stelline, Inc.

Date	Troy Incident #	Type	Disposition	Date
*****UNDER OWNERSHIP OF STELLINE*****				
11/23/93		Sale to Minor (Compliance Test)	\$200 fine	06/24/94
08/11/94		Sale to Minor (Compliance Test) X 2	\$600 fine	06/12/95
*****UNDER OWNERSHIP OF PF CHANG'S*****				
02/07/99	99-05316	Serve Intox Person	\$600 fine	07/16/99
03/09/99	99-09065	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23845	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
04/26/00	00-14275	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/25/00	00-39550	Compliance Test	PASSED	
11/17/00	00-42657	Compliance Test	PASSED	
12/02/00	00-44459	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/20/01	01-02347	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/17/01	01-09252	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/16/01	01-21251	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/17/01	01-29643	Compliance Test	PASSED	
09/13/01	01-32996	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-35816	Sale to Minor (Compliance Test)	\$600	01/24/02
11/01/01	MLCC	Sale to Minor (2x)(MLCC CT)	pending	
11/14/01	01-41122	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

12/02/01

01-43177

Liquor Inspection (Road Patrol)

NO VIOLATIONS

PF CHANGS  
2801 W BIG BEAVER

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-07826	03/06/01	Credit Card / Financial Transaction Device Fraud
01-35816	10/05/01	LCC Violation

NOTICE OF SCHEDULED HEARING  
(Authorized by M.A.C R436.1909)



December 6, 2001

TO: Chief of Police  
Troy Police Department  
500 W Big Beaver  
Troy, MI 48084

RE: P.F. CHANG'S CHINA BISTRO, INC.  
D/B/A P.F. CHANG'S CHINA BISTRO  
SOMERSET COLLECTION  
2801 W BIG BEAVER  
FIRST LEVEL, D-112  
TROY, MI 48084  
Complaint No. 1-65493

A complaint has been filed against the above licensee alleging:

Sale to Minor--Pamela McDonald(19)

October 5, 2001

This matter is being scheduled for hearing at the following location, date, and time:

OFFICE OF LIQUOR CONTROL COMMISSION  
24155 DRAKE  
FARMINGTON, MI 48335-3168

\*\*Tuesday  
January 8, 2002  
9:30 a.m.

The officers listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: **\*Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

P.O. R. Wolf

P.O. R. Bragg

Enclosed is a subpoena for the witness involved in this case. We request that it be served by your agency. Please notify this office a minimum of **five(5) business days** prior to the scheduled date of hearing if you are unable to serve the subpoena.

Pamela McDonald  
% Troy Police Department

Any request for postponement must be in writing and must be received in this office no less than two working days prior to the date of the hearing as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

*Susan K. Conklin*

Susan K. Conklin, Supervisor  
Hearings and Appeals Section

SKC:cmg  
enclosure

cc: P.O. R. Wolf

✓ P.O. R. Bragg

\*\*NOTE: IN CASE OF INCLEMENT WEATHER, PLEASE PHONE 517-322-1390 TO SEE IF HEARING IS BEING HELD.

## TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285  
ORI # M16378400

## INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.05.01	DAY FRI	SHIFT 09	PLATOON 99	BADGE 1 105	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 35816
02	RECEIVED 1900	DISPATCHED	ARRIVED	COMPLETED 1925	DATE(S) OCCURRED 10.05.01	TIMES(S) OCCURRED 1900	ASSIGNED HOUR / DAY 19 FRI			
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2801 W. BIG BEAVER						LOCATION 2 (INTERSECTING STREET)			
04	CITY TROY	STATE MI	ZIP 48084	CODE	BUSINESS NAME P.F. CHANG'S			BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 0214	ORIGIN <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MCDONALD, PAMELA	RAC W	SEX F	DOB 03.02.82	AGE 19	
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER		CITY TROY	STATE MI	ZIP 48084		
C 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE			

T 13	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

16	CODE 45	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAWSON, CHAD ANDERSON	RAC W	SEX M	DOB 01.17.78	AGE 23	
A 17	ADDRESS 2685	(DIRECTION, STREET, SUFFIX, QUALIFIER) BEACON HILL DR. #207		CITY AUBURN HILLS	STATE MI	ZIP 48326		
R 18	HOME PHONE 248 345-9571	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE MI	DRIVER'S LICENSE # L250115067047	SOC. SEC. #	SID #	FBI #			

E 20	PERSON COMMENTS / CLOTHING BARTENDER - SERVED DECOY				SUMMONS / CITATION NUMBER(S) 632144				
S 21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO A MINOR	ARREST CHARGE 1	ARREST DATE 10.05.01	PLATOON 99	BADGE 1 105	BADGE 2 006	FM M	DIS M	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

24	CODES E	DESCRIPTION PHOTOGRAPH	PROPERTY TYPE	QUANTITY 01	YEAR	MAKE POLAROID	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114911	LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF 12 oz LABATT BEER						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) LPU / BRAGG WOLFE						REVIEWED BY:	ATTENTION TO:		

# TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285  
ORI # M16378400

## PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E10 <input type="checkbox"/> DEATH OF OFFENDER	E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE	E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	INCIDENT NUMBER					
	10.05.01	FR	109	99	006	105							011	35816					
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE																			
V	02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)									RAC	SEX	DOB	AGE			
		8		CANTLON, JARED									WM		032683	18			
I	03	ADDRESS			(DIRECTION, STREET, SUFFIX, QUALIFIER)									CITY	STATE	ZIP			
		500			W. BIG BEAVER									TROY	MI	48084			
G	04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #				PERSON COMMENTS / OTHER I.D.										
			524-3477						STUDENT ENFORCEMENT AIDE										
T	05	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL		S <input type="checkbox"/> SOCIETY / PUBLIC		VICTIM INJURY		M <input type="checkbox"/> MINOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES		T <input type="checkbox"/> LOSS OF TEETH		F <input type="checkbox"/> FATAL	
		1 <input type="checkbox"/> INDIVIDUAL		B <input type="checkbox"/> BUSINESS		G <input type="checkbox"/> GOVERNMENT		O <input type="checkbox"/> OTHER		N <input type="checkbox"/> NONE		O <input type="checkbox"/> MAJOR INJURY		L <input type="checkbox"/> SEVERE LACERATION		U <input type="checkbox"/> UNCONSCIOUSNESS			
I	06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES					
		01 SPOUSE 05 CHILD 08 STEPPARENT				20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE				98 STRANGER		/							
		02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD				21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER				99 UNKNOWN		/							
M	07	03 PARENT 07 GRANDCHILD 11 STEPSIBLING				22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN				REL / OFF #		/							
		04 SIBLING 08 IN-LAW 12 OTHER FAMILY				23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				/		/							
V	08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)									RAC	SEX	DOB	AGE			
		4		KHOURY, BILL									WM						
I	09	ADDRESS			(DIRECTION, STREET, SUFFIX, QUALIFIER)									CITY	STATE	ZIP			
		29010			MANCHESTER									WESTLAND	MI	48185			
G	10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #				PERSON COMMENTS / OTHER I.D.										
									MGR - P.F. CHANG'S										
T	11	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL		S <input type="checkbox"/> SOCIETY / PUBLIC		VICTIM INJURY		M <input type="checkbox"/> MINOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES		T <input type="checkbox"/> LOSS OF TEETH		F <input type="checkbox"/> FATAL	
		1 <input type="checkbox"/> INDIVIDUAL		B <input type="checkbox"/> BUSINESS		G <input type="checkbox"/> GOVERNMENT		O <input type="checkbox"/> OTHER		N <input type="checkbox"/> NONE		O <input type="checkbox"/> MAJOR INJURY		L <input type="checkbox"/> SEVERE LACERATION		U <input type="checkbox"/> UNCONSCIOUSNESS			
I	12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES					
		01 SPOUSE 05 CHILD 08 STEPPARENT				20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE				98 STRANGER		/							
		02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD				21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER				99 UNKNOWN		/							
M	13	03 PARENT 07 GRANDCHILD 11 STEPSIBLING				22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN				REL / OFF #		/							
		04 SIBLING 08 IN-LAW 12 OTHER FAMILY				23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				/		/							
	14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)									RAC	SEX	DOB	AGE			
A	15	ADDRESS			(DIRECTION, STREET, SUFFIX, QUALIFIER)									CITY	STATE	ZIP			
R	16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE										
R	17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #											
E	18	PERSON COMMENTS / CLOTHING									SUMMONS / CITATION NUMBER(S)								
S	19	ARREST / SUMMONS DESCRIPTION			ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER							
T	20	ARREST / SUMMONS DESCRIPTION			ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER							
	21	ARREST TYPE		MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y		UPON ARREST		01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT	ARREST ORIGIN		DISP						
		1 <input type="checkbox"/> SUMMONS (No Custody)		ARREST <input type="checkbox"/> COUNT 1		ARMED WITH		11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	(e.g. Switchblade Knife, etc.)	FOP		PER						
		2 <input type="checkbox"/> CUSTODY (Warrant)		INDICATOR <input type="checkbox"/> N/A		(ENTER "A" IF AUTO)		12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	MDT		TEL						
	22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)									RAC	SEX	DOB	AGE			
A	23	ADDRESS			(DIRECTION, STREET, SUFFIX, QUALIFIER)									CITY	STATE	ZIP			
R	24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE										
R	25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #											
E	26	PERSON COMMENTS / CLOTHING									SUMMONS / CITATION NUMBER(S)								
S	27	ARREST / SUMMONS DESCRIPTION			ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER							
T	28	ARREST / SUMMONS DESCRIPTION			ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER							
	29	ARREST TYPE		MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y		UPON ARREST		01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT	ARREST ORIGIN		DISP						
		1 <input type="checkbox"/> SUMMONS (No Custody)		ARREST <input type="checkbox"/> COUNT 1		ARMED WITH		11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	(e.g. Switchblade Knife, etc.)	FOP		PER						
		2 <input type="checkbox"/> CUSTODY (Warrant)		INDICATOR <input type="checkbox"/> N/A		(ENTER "A" IF AUTO)		12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	MDT		TEL						
	30	INVESTIGATING OFFICER(S)									REVIEWED BY:		ATTENTION TO:						
		DPV / BRAGG WOLKE																	

**TROY POLICE DEPT.**

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

**NARRATIVE REPORT**

\_\_\_ SUPP \_\_\_ CORR \_\_\_ DELETE

PAGE 3 OF 3

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	10/5/01	Fri	09	99	105		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	**35816

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aides Pamela McDonald (19) and Jared Cantlon (18).

Aides McDonald and Cantlon entered P.F. Chang's China Restaurant. Aide McDonald went to the bar. The bartender, Chad Lawson, approached her and asked her for her drink order. Aide McDonald ordered a Labatt's Blue beer. Bartender Lawson returned with the beer and placed it in front of her without asking for identification.

Officers spoke with Bartender Lawson who could not explain why he did not ask for identification. Bartender Lawson stated that he was helping out in the service bar area and that he is TIPS/TAMS trained. Citation issued to Lawson for Furnishing Alcohol to Minor. LCC violation completed. Photograph taken of Labatt's beer was tagged and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO



**NARRATIVE REPORT**  
**WITNESS STATEMENT**

☐ SUPP    ☐ CORR    ☐ DELETE    PAGE 1 OF 1

31	DATE 100501	DAY FRI	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 35816
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

32	Statement of: <u>Pamela McDonald</u>	Home Phone:
33	Address: <u>500 West Big Beaver</u>	Business Phone: <u>(248) 524-343</u>
34	City: <u>Troy</u>	State: <u>mi</u> Zip: <u>48084</u>

35

36 my partner and I entered P.F. Chang's

37 around 6:58pm on Oct 5, 2001. I approached

38 the bar area. The bartender a tall white male

39 with blonde hair, asked what I wanted.

40 I then ordered a labatt Blue in a bottle.

41 He then handed me the drink without checking

42 my I.D. and told me that it will cost

43 four dollars. Then officer Bragg approached

44 us and we left.

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27	X: <u>Pamela McDonald</u>	(SIGNATURE)
28	Taken By: <u>WOLPK</u>	
29	Place: <u>STATION</u>	Date: <u>10-5-01</u> Time: <u>2000</u>
INVESTIGATING OFFICER(S) <u>DPV</u>		ATTENTION TO

US DOT #		Incident No. 01-35816		Dept. No. 789		Involved	
The People of: <input type="checkbox"/> the State of Michigan		Local Use/Arrest No.		Detection Device			
<input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		BAC		1 of 1			
OF: TROY							
THE UNDERSIGNED SAYS THAT ON:		Month 10	Day 5	Year 01	At approximately <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. 7:00	Date of Birth 1/17/78	Month 1 Day 17 Year 78
State MI	Driver's License Number L250 115			Social Security No. 06 7047			
Race W	Sex M	Height	Weight	Hair	Eyes	Occupation/Employer	
Name (First, Middle, Last) CHAD ANDERSON LAWSON							
Street 2685 BEACON HILL DR. #207							
City AUBURN HILLS				State 48326		Zip Code	
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color)			Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule  
UPON PF CHANGE

AT OR NEAR 2801 W. Bob Beaver

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING:

MCL Cite/PACC Code/ Ordinance				Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.			
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Fug				
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv				
		9.77.3	FURNISH ALCOHOL TO MINOR		1
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.			
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug				
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv				
					2
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.			
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug				
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv				
					3

**TO THE COURT:** Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)		
1	2	3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive  
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks	248-345-9571 SERVICE
---------	----------------------

HELPING OUT AT THE BAR  
COULD NOT EXPLAIN WHY NOT ASK FOR

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ 2.0.

☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond

☐ Traffic Crash ☐ Death ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☒ No

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS:  
☒ Appearance Date on or before 10-17-01

☐ Hearing Date (if applicable) on \_\_\_\_\_ ☐ Contact Court  
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084  
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).  
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable WOLFE / BRADB	Month 10	Day 5	Year 01
--	-------------	----------	------------

Officer's Name (printed) WOLPER / BRAGG	Officer's ID No. 605106
--	----------------------------

Agency ORI MI- 6378400	Agency Name TROY POLICE DEPARTMENT
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UC-01a  
(rev. 11/95)

**PRESS - YOU ARE MAKING FIVE COPIES  
ORDER BY FORM NO. M76 (Revised 11/95)  
FIDLAR DOUBLEDAY KALAMAZOO, MI**



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

**VIOLATION REPORT**

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

License No. 3886-2001 SS Business ID 2536 File # \_\_\_\_\_

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee P.F. CHANG'S CHINA BISTRO INC. 2. Doing Business As P.F. CHANG'S CHINA BISTRO

3. Mailing Address (street, city, zip code) 2801 W. BIG BEAVER TROY MI. 48084

4. Township \_\_\_\_\_ 5. County OAKLAND

6. Type of License(s) & Permit(s) SUNDAY SALES, FOOD CLASS C

7. Date of Violation: FRIDAY OCTOBER 5, 2001 6:50 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date \_\_\_\_\_ Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

**COPY OF APPEARANCE TICKET MUST BE ATTACHED**

9. Submit Report Below or Indicate Attached Report # 01-35816

Officer Signature R. WOLFE Name and Title (print) R. WOLFE P.O.

Officer Signature R. BRABG Name and Title (print) R. BRABG P.O.

Department Name \_\_\_\_\_ Phone # \_\_\_\_\_

WITNESSES

1. Name PAMELA McDONALD Address 500 W. B16 BEAVER

Will testify to: STUDENT ENFORCEMENT AIDE : SERVE TO MINOR

2. Name CHAD LAWSON Address 2685 BEACON HILL DR. #207

AUBURN HILLS 48326

Will testify to: SERVE TO MINOR

BARTENDER

3. Name BILL KHOURY Address 29010 MANCHESTER WESTLARK

ME. 48181

Will testify to: MANAGER ON DUTY

4. Name P.O. R. WOLKE Address 500 W. B16 BEAVER

Will testify to: SERVE TO MINOR

5. Name P.O. R. BRADB Address 500 W. B16 BEAVER

Will testify to: SERVE TO MINOR

EVIDENCE

Location Held: 1 POLAROID PHOTOGRAPH : HELD IN PROPERTY ROOM

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION  
7150 HARRIS DRIVE  
P.O. BOX 30005  
Lansing, MI 48909



**NOTIFICATION OF VIOLATION REPORT**  
(Authorized by MAC R436.1905)

TO: Chief of Police  
Troy Police Department  
500 W. Big Beaver  
Troy, MI 48084

Date: November 2, 2001

This is to advise you that a violation has been submitted by investigators of the Liquor Control Commission charging the below mentioned licensee with: Michigan Liquor Control Act Rule 436.1801 Sec. 801(2) f/k/a 436.22 (3) Sell, furnish or give alcoholic liquor to a minor (Controlled Buy) - 2 Counts on Thursday, November 1, 2001 at 5:51 pm..

Licensee: P.F. Chang's China Bistro, Inc.  
d/b/a P.F. Chang's  
Address: 2801 W. Big Beaver  
Troy, MI 48084

You will be notified of the disposition of this alleged violation after hearing has been held and a decision made. If you have any questions contact the Enforcement Section at (517) 322-1370.



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

February 4, 2002

P.F. Chang's China Bistro, Inc.  
d/b/a P.F. Chang's China Bistro  
2801 W. Big Beaver  
First Level, D-112  
Troy, MI 48084



RE: Complaint No. 1-65493

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than March 11, 2002 as indicated on your Invoice No. 78306. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:tt

Enclosures

c: Atty. Kelly Allen  
✓ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

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IN RE: P.F. CHANG'S CHINA BISTRO, INC.  
D/B/A P F CHANG'S CHINA BISTRO  
SOMERSET COLLECTION  
2801 W. BIG BEAVER, FIRST LEVEL, D-112  
TROY, MI 48084

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HEARING: JANUARY 8, 2002  
PLACE: FARMINGTON  
COMPLAINT NO: 1-65493  
BUSINESS ID NO. 2536  
CLASS C SS OP(F)

CHARGES - OCTOBER 5, 2001

- (1) Sold or furnished alcoholic liquor to Pamela McDonald, date of birth March 2, 1982, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

The Commissioner accepted without objection the Motion of Attorney Kelly Allen that the appearance of a Corporate Officer in this matter be waived, pursuant to the provisions of Rule 436.1913(2), said waiver to be subject to the express agreement by Attorney Allen, that she will inform the Licensed Corporation of the disposition in this matter. Attorney Allen and Charles Donahue, Assistant Attorney General, representing all law enforcement agencies involved in this matter, proposed the following Negotiated Settlement for the Commissioner to consider in Case No. 1-65493, pursuant to Section 903 of the Michigan Liquor Control Code and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC):

PROPOSED NEGOTIATED SETTLEMENT

- (1) The Licensed Corporation will fully acknowledge the one charge as cited;

(2) The Commissioner will enter the Violation Report of this case and attachments thereto into the record as substantive evidence without objection; the Commissioner further will take notice of the prior record of this Corporation, since being licensed by the Michigan Liquor Control Commission at the above-named location under the current ownership;

(3) The Corporation will agree to the sanction of a fine of \$600 for the acknowledged charge;

(4) Both parties hereto will agree that there shall be no appeals on this matter to the Appeal Board of the Commission or any court of law;

### ORDER

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the statement of support for the aforementioned settlement by Officer Russell Bragg on behalf of the Troy Police Department.

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the Corporation's total record, which shows one previous violation since being licensed on December 17, 1998, at the above-named location under the current ownership.

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner further took into consideration for mitigative circumstances statements made by Attorney Allen.

In consideration of the aforementioned circumstances and statements, the Commissioner hereby accepts the terms and conditions of the proposed Negotiated Settlement and Orders as follows:

The Commissioner accepts the Corporation's plea of acknowledgment the one charge



in Case No. 1-65493.

The Commissioner hereby accepts the Violation Report of this case and attachments thereto as substantive evidence without objection, further, the Commissioner hereby accepts a true copy of this Corporation's record since being licensed by the Michigan Liquor Control Commission at the above-named location under the current ownership.

Based upon the aforementioned plea by the Corporation and a review of the Violation Report and attachments thereto, the Commissioner finds that the Corporation in Case No. 1-65493 did violate MCL 436.1801(2) as cited in the one charge of the Complaint in this matter.

The Commissioner further finds that the employee of said Corporation in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

As penalty, the Commissioner Orders a fine of \$600 for the one acknowledged charge and, in addition, the Commissioner Orders that a suspension of thirty (30) continuous days be imposed if the total fine of \$600 is not paid with this suspension, to be served consecutively and not concurrently with any other suspensions Ordered by the Michigan Liquor Control Commission for this Licensed Corporation.

Said Corporation agrees this Negotiated Settlement was a full and final disposition of this matter before the Michigan Liquor Control Commission recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the Michigan Liquor Control Commission or a court of law, and also agrees that the plea in this case has been entered voluntarily and with the full understanding of all consequences, and furthermore, all parties hereto agree that there are no promises, stipulations, understandings or agreements other than those stated as part of the official record herein, and this document represents the

final agreed settlement.

MICHIGAN LIQUOR CONTROL COMMISSION

  
\_\_\_\_\_  
Ena Weathers, Commissioner

Dated: January 24, 2002

Charles Donahue  
Assistant Attorney General  
24155 Drake Road  
Farmington, MI 48335

Kelly Allen  
Adkison, Need & Allen, P.L.L.C.  
39533 Woodward, Ste. 210  
Bloomfield Hills, MI 48304

EW: 1-65493



City of  
Troy

Charles T Craft, Chief of Police  
500 West Big Beaver Road  
Troy, Michigan 48084  
(248) 524-3443

## MEMORANDUM

### SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

P.F. Chang's China Bistro  
2801 W Big Beaver - First Level, D-112  
Troy, Michigan 48084

**Re: Liquor License:** P.F. Changs China Bistro  
2801 W Big Beaver - First Level, D-112  
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Monday, February 25, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

**License Type:** Class C 3886-2000  
**Violation Name:** Sale to Minor (2x) (MLCC CT); Sale to Minor (Compliance Test)  
**Violation Date(s):** October 5, 2001                      November 1, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk

February 15, 2002

Kelly Allen  
Attorney at Law  
39533 Woodward, Ste. 210  
Bloomfield Hills, Michigan 48304

**Re: Liquor License:** P.F. Changs China Bistro  
2801 W Big Beaver - First Level, D-112  
Troy, Michigan 48304

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Monday, February 25, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

**License Type:** Class C 3886-2000  
**Violation Name:** Sale to Minor (2x) (MLCC CT); Sale to Minor (Compliance Test)  
**Violation Date(s):** October 5, 2001                      November 1, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk

Embassy Suites Hotel  
DT Management, Inc.  
850 Tower Dr.  
Troy Mi 48098  
B-Hotel 30594-1999  
Sale to Minor

# LCC

## Liquor Licensee History

Business name: **Embassy Suites Hotel**

Address: 850 Tower Dr. (248) 879-7500

Licensee: DT Management, Inc.; FCH/DT Leasing, LLC; FCH/DT Holdings, LP

License type: **B- Hotel (30594-1999)**

Permits: Sunday Sales, Official Permit (Food), Dance, Outdoor Service, 3 bars

Comments:

Date	Troy Incident #	Type	Disposition	Date
1987		License issued		
1989		Additional partners added		
11/02/90	90-34021	<b>Sale to minor (compliance test)</b>	<b>Fined \$200</b>	<b>5/24/91</b>
07/31/91	91-22252	<b>Sale to minor (compliance test)</b>	<b>Fined \$400</b>	<b>03/27/92</b>
01/29/92		Council show cause hearing 7/31/91 violation	Training completed by 6/17/92	
01/09/95		Additional partners added		
04/06/95	95-11434	<b>Sale to Minor Compliance Test Two Charges (Seller pled guilty - fined \$50.)</b>	<b>Fined \$800 per charge</b>	<b>5/31/95</b>
3/21/96	95-11434	Council hearing: Retrain all servers within 60 days.		
03/20/97	MLCC	<b>Sell or transfer license w/o MLCC permission.</b>	<b>Fined \$300.</b>	<b>8/28/98</b>
12/15/97		License transfered to DT Management & FCH/DT Leasing, L.L.C.		
11/06/98	98-44912	<b>Sale to Minor (Compliance test)</b>	<b>Fined \$2000 2 counts \$1000 ea.</b>	<b>01/13/99</b>
01/10/99	99-01424	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

03/06/99	99-08732	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27123	Compliance Test	PASSED	
10/27/99		MLCC <b>DENIES</b> transfer to DT Management and FCH/DT Leasing from 12/15/97		
11/23/99	none	Compliance Test	PASSED	
04/26/00	MLCC	Transfer to DT Management with FCH/DT Leasing and FCH/DT Holdings as a co-licensees approved by MLCC		
<b>04/27/00</b>	<b>00-14283</b>	<b>Fail to Display License (Road Patrol)</b>	<b>warning</b>	
07/27/00	none	Compliance Test	PASSED	
08/28/00	00-31895	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40535	Compliance Test	PASSED	
11/14/00	00-42185	Compliance Test	PASSED	
11/28/00	00-44044	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/18/01	01-02115	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/01	01-09889	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/21/01	01-21938	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
<b>08/17/01</b>	<b>01-29626</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$500</b>	<b>01/05/02</b>
08/31/01	01-31373	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/19/01	01-41705	Liquor Inspection (Road Patrol)	NO VIOLATIONS	



EMBASSY SUITES HOTEL  
850 TOWER DRIVE

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-00019	01/01/01	Customer Trouble
01-01805	01/16/01	Hit & Run Property Damage Accident
01-10945	03/31/01	Private Property Accident
01-11885	04/08/01	Assault – Other Weapon
01-13612	04/21/01	Larceny Vehicle Parts
01-14716	04/29/01	Indecent Exposure
01-18539	05/28/01	Customer Trouble
01-23917	07/05/01	Hit & Run Property Damage Accident
01-24987	07/14/01	Suspicious Circumstances



# Michigan Department of Consumer & Industry Services

## LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

## VIOLATION REPORT

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

License No. 75063-2001 SS Business ID 98485 File # \_\_\_\_\_

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 3/1/99)

1. Name of Licensee DT Management, Inc. 2. Doing Business As Doubletree Guest Suites Hot

3. Mailing Address (street, city, zip code) 850 Tower Dr., Troy, 48098

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) Sunday Sales, Dance, OD-SERV, Food, DIR-CON-1

7. Date of Violation: Friday 08/17/01 9:15 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 03/02/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

### COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29626

Officer Signature Russell R Bragg Name and Title (print) Officer Russell Bragg

Officer Signature Robert Wolfe Name and Title (print) Officer Robert Wolfe

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Mi Choi Address 1867 Village Green #205, Rochester Hls., MI, 48307

Will testify to: serving alcohol to a minor.

2. Name Pamela McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served alcohol by Choi (Student Enforcement Aide).

3. Name Linda Jackson Address 850 Tower Dr., Troy, MI, 48098

Will testify to: Manager.

4. Name Officers R. Wolfe & R. Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Will testify to: \_\_\_\_\_

EVIDENCE

Location Held: Troy P.D. Property Room, tag #114274

1 - Polaroid photo of a 12 oz bottle of Labatt's beer

## TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285  
ORI # M16378400

## INCIDENT REPORT

SUPP ☐

PAGE 1 OF 2

01	DATE	08/17/01	DAY	FR	SHIFT	09	PLATOON	99	BADGE 1	105	BADGE 2	006	UCR STATUS	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	01	INCIDENT NUMBER	29626					
02	RECEIVED	2115	DISPATCHED		ARRIVED		COMPLETED		DATE(S) OCCURRED	2145	08/17/01		TIMES(S) OCCURRED	2115		ASSIGNED HOUR / DAY	21 FR							
03	LOCATION / ADDRESS	850	(DIRECTION, STREET, SUFFIX, QUALIFIER)	TOWER DR.	LOCATION 2 (INTERSECTING STREET)																			
04	CITY	TROY	STATE	MI	ZIP	48098	CODE		BUSINESS NAME	EMBASSY SUITES HOTEL										BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION								ESTAB CODE		0202		ORIGIN	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT			HOW ACTIVATED	<input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER			PATROL	06	GEOGRAPHIC	
06	NATURE OF OFFENSE #1								ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	DRUGS	BIAS	WEAPON	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)							
07	NATURE OF OFFENSE #2								ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	DRUGS	BIAS	WEAPON	#PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING							
08	NATURE OF OFFENSE #3								ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	DRUGS	BIAS	WEAPON	#PREM	ACTIVITY								
09	NATURE OF OFFENSE #4								ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	DRUGS	BIAS	WEAPON	#PREM	ACTIVITY	OFFENSE COMMENTS							

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE	8	VICT #		NAME (LAST, FIRST, MIDDLE, SUFFIX)	McDONALD, PAMELA										RAC	WF	SEX		DOB	03.02.82	AGE	19		
I 11	ADDRESS	500	(DIRECTION, STREET, SUFFIX, QUALIFIER)	W. BIG BEAVER	CITY	TROY										STATE	MI	ZIP	48084						
C 12	HOME PHONE			BUSINESS PHONE	524.3477	STATE			DRIVER'S LICENSE #											PERSON COMMENTS / OTHER I.D.	STUDENT ENFORCEMENT AIDE				
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER	P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES	L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH	U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL										
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY																								
M 15	OUTSIDE FAMILY, BUT KNOWN																								

16	CODE	48	OFF #	01	NAME (LAST, FIRST, MIDDLE, SUFFIX)	CHOI, MI HYE										RAC	AF	SEX		DOB	02.22.65	AGE	36	
A 17	ADDRESS	1867	(DIRECTION, STREET, SUFFIX, QUALIFIER)	VILLAGE GREEN	APT 205	CITY	ROCHESTER HILLS										STATE	MI	ZIP	48307				
R 18	HOME PHONE	248 852-8069		BUSINESS PHONE			HEIGHT			WEIGHT			EYES			HAIR COLOR / LENGTH / STYLE			BUILD			SKIN TONE		
R 19	STATE	MI		DRIVER'S LICENSE #	C000603323138		SOC. SEC. #			SID #			FBI #											
E 20	PERSON COMMENTS / CLOTHING																			SUMMONS / CITATION NUMBER(S)				

S 21	ARREST / SUMMONS DESCRIPTION																			ARREST CHARGE 1					ARREST DATE					PLATOON					BADGE 1					BADGE 2					FM					DIS					DEPARTMENT ARREST NUMBER				
T 22	ARREST / SUMMONS DESCRIPTION																			ARREST CHARGE 2					ARREST DATE					PLATOON					BADGE 1					BADGE 2					FM					DIS					AFIS NUMBER				
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> ARREST INDICATOR	MULTIPLE <input type="checkbox"/> COUNT 1 INDICATOR	CLEAR <input type="checkbox"/> INDICATOR	UPON ARREST	<input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		<input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)		<input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN		<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL																																									

24	CODES	E	DESCRIPTION	PHOTOGRAPH					PROPERTY TYPE	01					MAKE	POLAROID					MODEL																		
25	STYLE			COLOR(S)	TOP / BOTTOM		MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.																												
26	STOLEN			DAMAGED			RECOVERED			PROPERTY TAG #	114274					LOCATION PROPERTY	DEPOSITORY					LEIN / NCIC REF #																	
27	REC BADGE			REC BADGE 2			LEO	RECOVERY DATE			NOTIFY BADGE						NOTIFY DATE						NOTIFY TIME						PERSON / DEPARTMENT NOTIFIED										
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK																			PHOTO OF 12 OZ. LABATT BEER					SEIZED DRUGS			TYPE			AMOUNT			MEAS					
29	INVESTIGATING OFFICER(S):																			DPU / BRAGG, WOLFE					REVIEWED BY:					WLA #224					ATTENTION TO:				

**TROY POLICE DEPT.**

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

**NARRATIVE REPORT**

\_\_\_ SUPP

\_\_\_ CORR

\_\_\_ DELETE

PAGE

2 OF 2

01	DATE 8/17/01	DAY Fri	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 01	INCIDENT # **29626
----	-----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-----------------------

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aide Pamela McDonald (19).

Aide McDonald entered the Embassy Suites and proceeded to the bar. Bartender Mi Choi approached and asked Aide McDonald for her drink order. Aide McDonald ordered a Labatt's Blue beer. Bartender Choi served the bottle of beer and then asked her what room number she was staying in. Aide McDonald stated her husband was currently checking into a room. Bartender Choi then asked Aide McDonald if she was 21. Aide McDonald replied yes. Bartender Choi then walked away.

Officer's spoke with Bartender Choi whom stated she asked the Aide McDonald if she was 21.

Citation issued for Furnishing Alcohol to Minor. LCC form completed. Polaroid tagged and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

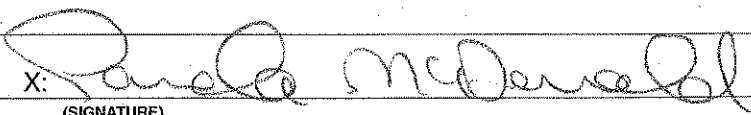
REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT  
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE

01	DATE 08/17/91	DAY FRI	SHIFT 99	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 91	INCIDENT # 29626
02	Statement of: 3-2-82 Pamela McDonald						Home Phone: 810-739-3118			
03	(PLEASE PRINT) Address: 500 W. Big Beaver						Business Phone:			
04	City: Troy						State: MI Zip: 48098			
05	I, Pamela McDonald walked into									
06	Embassy Suite around 9:15 pm on									
07	8-17-2001. I walked up to the bar									
08	and the bar tender a short <del>white</del> female									
09	with long black hair asked me what									
10	I wanted to drink, I told her a									
11	Labatt Blue. She handed me the drink									
12	than asked me what room number									
13	I was in, I responded that my									
14	husband was checking in that I									
15	was unsure. She then asked me if I									
16	was at I said yes than she walked									
17	away.									
18	Then officer Wolf came up to the									
19	bar and asked me to leave.									
20										
21										
22										
23										
24										
25										
26										
27	X:  (SIGNATURE)									
28	Taken By: _____ (SIGNATURE)									
29	Place: _____ Date: _____ Time: _____									
INVESTIGATING OFFICER(S)					REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO	



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

January 17, 2002

DT MANAGEMENT, INC. FCH/DT LEASING,  
L.L.C. FCH/DT HOLDINGS, L.P.  
D/B/A DOUBLETREE SUITES HOTEL  
850 TOWER  
TROY, MI 48098



RE: Complaint No. 1-64669

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than February 18, 2002 as indicated on your Invoice No. 78108. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

*Susan K. Conklin*

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:wls

Enclosure

cc: / Atty. Thomas Giachino  
Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

---

IN RE: DT MANAGEMENT, INC.  
FCH/DT LEASING, L.L.C.  
FCH/DT HOLDINGS, L.P.  
D/B/A DOUBLETREE SUITES HOTEL  
850 TOWER  
TROY, MI 48098

HEARING: DECEMBER 4, 2001  
PLACE: FARMINGTON  
COMPLAINT NO: 1-64669  
BUSINESS ID NO. 98485  
B HOTL SS OP(F) DP OD-SERV  
DIR-CON-1

---

CHARGES - AUGUST 17, 2001

- (1) Sold or furnished alcoholic liquor to one decoy Pamela McDonald, date of birth March 2, 1982, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

Attorney Terrance P. Conlin, Special Assistant-secretary of the above-named Limited Liability Company, appeared before this Commissioner and entered a plea of acknowledgment to the one charge stated in Case No. 1-64669 pursuant to Rule 436.1909 of the Michigan Liquor Control Commission (MLCC).

The Commissioner accepted said plea of acknowledgment after being assured it was entered voluntarily and with the full understanding of its meaning and implications.

On Motion of Linda McDowell, Assistant Attorney General who represented all law enforcement agencies in this matter, the Commissioner entered the Violation Report of this case and the attachments thereto into the record as evidence without objection.

The Commissioner believes and finds as fact, on the basis of the Violation Report, that



one Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment on August 17, 2001, and purchased alcoholic liquor from an employee of the above named Licensed Company without showing proper proof of age.

The Commissioner further believes and finds as fact, on the basis of her statements at the hearing, that said Pamela McDonald was 19 years of age at the time of the incident. The Commissioner further concluded from her appearance at the hearing that said decoy looked her true age of 19; the Commissioner also concluded that a prudent person would not mistake said Pamela McDonald of being of legal drinking age without making a further diligent inquiry.

The Commissioner further finds that the employee of the Licensed Company in this case neither demanded, nor was shown proper proof of age and did make a diligent inquiry to determine the proper true age of the purchaser.

Attorney Conlin offered as mitigation that the employee was terminated as a result of this incident.

### **CONCLUSIONS OF LAW**

Based upon the aforementioned Plea and Findings of Fact, the Commissioner concluded that the Licensed Company in Case No. 1-64669 did violate MCL 436.1801(2), as cited in the one charge of the Complaint in this matter.

### **ORDER**

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensed Company's total record, which shows no previous violations since being licensed on May 5, 2000 at the above location under the current ownership.

The Commissioner, therefore, Orders a fine of \$500 as penalty in this matter. The Commissioner further Orders that a suspension of twenty-five (25) continuous days be imposed if the fine is not paid with this suspension, if served, to run consecutively and not concurrently with any other suspension Ordered by the Michigan Liquor Control Commission for this Licensed Company.

In addition, the Commissioner Orders the Licensed Company to pay total cost of \$8.50 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION

  
\_\_\_\_\_  
Ena Weathers, Commissioner

Dated: January 5, 2002

Linda Pytel McDowell  
Assistant Attorney General  
24155 Drake Road  
Farmington, MI 48335

Thomas J. Giachino  
Attorney at Law  
25800 Northwestern Highway  
P.O. Box 222  
Southfield, MI 48037-0222

EW: 1-64669

TRUE COPY

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION  
7150 HARRIS DRIVE, P.O. BOX 30005  
LANSING, MI 48909

NOTICE OF SCHEDULED HEARING  
(Authorized by M.A.C R436.1909)



November 6, 2001

TO: Chief of Police  
Troy Police Department  
500 W Big Beaver  
Troy, MI 48084

RE: DT MANAGEMENT, INC.  
FCH/DT LEASING, L.L.C  
FCH/DT HOLDINGS, L.P.  
D/B/A DOUBLETREE GUEST SUITES  
HOTEL  
850 TOWER  
TROY, MI 48098  
Complaint No. 1-64669

A complaint has been filed against the above licensee alleging: Sale to Minor--Pamela J McDonald(19)  
August 17, 2001

This matter is being scheduled for hearing at the following location, date, and time:

OFFICES OF LIQUOR CONTROL COMMISSION  
24155 DRAKE  
FARMINGTON, MI 48335-3168

Tuesday  
December 4, 2001  
10:00 a.m.

The officers listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: **\*Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO Robert Wolfe

PO Russell Bragg

Enclosed is a subpoena for the witness involved in this case. We request that it be served by your agency. Please notify this office a minimum of **five(5) business days** prior to the scheduled date of hearing if you are unable to serve the subpoena.

Pamela J McDonald  
%Troy Police Department

Any request for postponement must be in writing and must be received in **this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script, appearing to read "Susan K. Conklin".

Susan K. Conklin, Supervisor  
Hearings and Appeals Section

SKC:cmg  
enclosure

cc: PO Robert Wolfe

PO Russell Bragg

NOTE: IN CASE OF INCLEMENT WEATHER, PLEASE PHONE 517-322-1390 TO SEE IF HEARING IS BEING HELD.



City of  
Troy

Charles T Craft, Chief of Police  
500 West Big Beaver Road  
Troy, Michigan 48084  
(248) 524-3443

## MEMORANDUM

### SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-  
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejals, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Embassy Suites Hotel  
DT Management, Inc.  
850 Tower Dr.  
Troy, Michigan 48098

**Re: Liquor License:** Embassy Suites Hotel  
850 Tower Dr.  
Troy, Michigan 48098

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Monday, February 25, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

**License Type:** B-Hotel 30594-1999  
**Violation Name:** Sale to Minor  
**Violation Date(s):** August 17, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk

February 15, 2002

Thomas J. Giachino  
Attorney at Law  
25800 Northwestern Hwy. PO Box 222  
Southfield, Michigan 48037

**Re: Liquor License:** Embassy Suites Hotel  
850 Tower Dr.  
Troy, Michigan 48037

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Monday, February 25, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

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Sincerely,

Barbara A. Holmes  
Deputy City Clerk

Ruth's Chris Steak House  
Prime Steak-Troy, L.L.C.  
755 W Big Beaver  
Troy MI 48084  
Class C 8265-2000  
SDM 18889-2000  
Sale to Minor

# LCC

## Liquor Licensee History

Business name: **Ruth's Chris Steak House**

Address: 755 W. Big Beaver Rd. (248) 269-8424

Licensee: Prime Steak-Troy, L.L.C.

License type: **Class C** (8265-2000) **SDM** (18889-2000)

Permits: Sunday Sales, Dance, DirConn-3

Comments: Manager Joe Crowell (08/23/01); Fax Tx: 269-8570

Date	Troy Incident #	Type	Disposition	Date
01/10/99	99-01399	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/06/99	99-08769	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27107	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
10/25/00	00-39554	Compliance Test	PASSED	
11/17/00	00-42660	Compliance Test	PASSED	
11/30/00	00-44309	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/20/01	01-02346	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/01	01-09864	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
<b>05/03/01</b>	<b>01-15389</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$500</b>	<b>07/14/01</b>
06/12/01	01-20638	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
<b>08/17/01</b>	<b>01-29613</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$750</b>	<b>10/31/01</b>
09/05/01	01-32693	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-36172	Compliance Test	PASSED	
10/16/01	01-37334	Liquor Inspection (Road Patrol)	NO VIOLATIONS	



**RUTH'S CHRIS STEAK HOUSE  
755 W BIG BEAVER RD**

**2001 INCIDENT HISTORY**

<b>Complaint Number</b>	<b>Report Date</b>	<b>Description</b>
01-03401	01/26/01	Fraud-Goods and Services

**RUTH'S CHRIS STEAK HOUSE  
755 W BIG BEAVER RD**

**2001 INCIDENT HISTORY**

<b>Complaint Number</b>	<b>Report Date</b>	<b>Description</b>
01-03401	01/26/01	Fraud-Goods and Services
01-15389	05/03/01	LCC Violation
01-29613	08/17/01	LCC Violation



# Michigan Department of Consumer & Industry Services

## LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

## VIOLATION REPORT

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

License No. 8265-2001 SS  
18889-2001

Business ID 5400

File #

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Prime Steak - Troy 2. Doing Business As Ruth's Chris

3. Mailing Address (street, city, zip code) 755 W. Big Beaver Rd., Troy, MI, 48084

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / SDM / Sunday Sales / Dance / Dir-con-3

7. Date of Violation: Thursday 05/03/01 6:30 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 03/24/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

### COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-15389

Officer Signature [Signature] Name and Title (print) Antonio Cascioli, Police Officer

Officer Signature [Signature] Name and Title (print) Carl Barton, Police Officer

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Peter Tambini Address 755 W. Big Beaver, Troy, MI, 48084

Will testify to: Director of Operations (spoke with officers).

2. Name Andrzej Radzio Address 42220 Parkside, Sterling Hts., MI, 48314

Will testify to: serving the minor alcohol without diligent inquiry.

3. Name Dyan Fair Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being served alcohol without diligent inquiry.

4. Name Gary Walton Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being present when Dyan Fair was served alcohol.

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Will testify to: \_\_\_\_\_

EVIDENCE

Location Held: Troy Police Dept. Property Room, tag #112916

1 Polaroid photo of glass of wine served to Fair.

## TROY POLICE DEPARTMENT

## INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48064-5285  
ORI # M16376400SUPP ☐  
PAGE 1 OF 3

01	DATE 05/30/11	DAY Thu	SHIFT 09	PLATOON 99	BADGE 1 070	BADGE 2 042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 15389		
02	RECEIVED 1830	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 05/30/11	TIMES(S) OCCURRED 1830	ASSIGNED HOUR / DAY 1817th					
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 755 W B.6 BEAVER						LOCATION 2 (INTERSECTING STREET) I 75					
04	CITY TROY	STATE	ZIP	CODE	BUSINESS NAME RUTH'S CHRIS STEAKHOUSE			BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 0219	ORIGIN <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> DISP <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 ORDINANCE VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) PASSENGER (12) SUMMONED (13) RESPONSIBLE

V 10	CODE 1	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) F.A.R. DYAN	RAC WF	SEX M	DOB 03/24/82	AGE 19
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W B.6 BEAVER		CITY TROY	STATE MI	ZIP 48064	
C 12	HOME PHONE	BUSINESS PHONE 524 3475	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT A.D.		

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 88 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 CL-SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					

A 16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) RADZIO ANDRZEJ	RAC WM	SEX M	DOB 04/17/56	AGE 45	
A 17	ADDRESS 42220	(DIRECTION, STREET, SUFFIX, QUALIFIER) PARKSIDE		CITY STERLING HTS	STATE MI	ZIP 48314		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT 6'2"	WEIGHT 190	EYES BLU	HAIR COLOR / LENGTH / STYLE BRN	BUILD MED	SKIN TONE

R 19	STATE DRIVER'S LICENSE # MIR320067004298	SOC. SEC. #	SID #	FBI #
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E 20	PERSON COMMENTS / CLOTHING WINTER AT RUTH'S CHRIS STEAKHOUSE	SUMMONS / CITATION NUMBER(S) 618112
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S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
----	---	--	---	--	---	---	--	---	---

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODE E	DESCRIPTION POLAROID	PROPERTY TYPE	QUANTITY	YEAR	MAKE POLAROID	MODEL
----	-----------	-------------------------	---------------	----------	------	------------------	-------

25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D. POLAROID & WINE SEALED
----	-------	-----------------------	-------	------	-------	---------	--

26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 112916	LOCATION PROPERTY PR.	LEIN / NCIC REF #
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27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
----	-----------	-------------	-----	---------------	--------------	-------------	-------------	------------------------------

28	COMMENTS POLAROID & WINE SEALED TO STUDENT ENF. A.D.	SEIZED DRUGS	TYPE	AMOUNT	MEAS
----	---	--------------	------	--------	------

29	INVESTIGATING OFFICER(S) CHAS. C. OLI / BRETTON	REVIEWED BY WLA #224	ATTENTION TO:
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## TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M16378400

## PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER	
	05.03.01	Thu	09	SS	072	042	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01/15388		
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE											
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
	84		WALTON GARY							W/M	11/25/79
I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE		ZIP	
	500	W B.6 BEAVER					TROY	MI		48064	
G 04	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.				
		5243477					STUDENT ENT AIDE				
T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	<input type="checkbox"/> 3 FINANCIAL <input type="checkbox"/> 4 GOVERNMENT <input type="checkbox"/> 5 RELIGIOUS	<input type="checkbox"/> 6 SOCIETY / PUBLIC <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 8 POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> 9 NONE <input type="checkbox"/> 10 BROKEN BONE <input type="checkbox"/> 11 MINOR INJURY <input type="checkbox"/> 12 MAJOR INJURY	<input type="checkbox"/> 13 POSS. INT. INJURIES <input type="checkbox"/> 14 SEVERE LACERATION	<input type="checkbox"/> 15 LOSS OF TEETH <input type="checkbox"/> 16 UNCONSCIOUSNESS	<input type="checkbox"/> 17 FATAL
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	REL / OFF #			
M 07	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN				
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #				
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER					
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
	4		TAMBINI PETER							W/M	
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE		ZIP	
	755	W B.6 BEAVER					TROY	MI			
G 10	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.				
							DIRECTOR OF OPERATIONS				
T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	<input type="checkbox"/> 3 FINANCIAL <input type="checkbox"/> 4 GOVERNMENT <input type="checkbox"/> 5 RELIGIOUS	<input type="checkbox"/> 6 SOCIETY / PUBLIC <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 8 POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> 9 NONE <input type="checkbox"/> 10 BROKEN BONE <input type="checkbox"/> 11 MINOR INJURY <input type="checkbox"/> 12 MAJOR INJURY	<input type="checkbox"/> 13 POSS. INT. INJURIES <input type="checkbox"/> 14 SEVERE LACERATION	<input type="checkbox"/> 15 LOSS OF TEETH <input type="checkbox"/> 16 UNCONSCIOUSNESS	<input type="checkbox"/> 17 FATAL
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	REL / OFF #			
M 13	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN				
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #				
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER					
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE		ZIP	
R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #					
E 18	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)				
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED ARMED WITH (ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE		ZIP	
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #					
E 26	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)				
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED ARMED WITH (ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
30	INVESTIGATING OFFICER(S):					REVIEWED BY:		ATTENTION TO:			
	C. BARTON										

## NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
5/3/01	Thu	09	99	070	042	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	15389

Members of the Directed Patrol Unit conducted a liquor control compliance test at the above location using the listed student enforcement aides. Both of the enforcement aides were 19 years old at the time of the test.

The student enforcement aides entered the establishment and were seated at a table. The server, Andrzej Radzio, approached and asked if they wanted anything to drink. The female student enforcement aide asked for a glass of wine. The male student enforcement aide did not ask for anything.

A short time later, Radzio, returned with the glass of wine. Officers secured the scene and the student enforcement aides left the establishment. The managers were contacted as well as Radzio.

Officers spoke with Radzio who stated that he thought the female looked to be about 25 and thought the male looked to be about 16-17 years old. He stated that he usually asks for identification before serving alcohol. Radzio has been trained in the past about serving minors.

Radzio was issued a citation for serving alcohol to a minor without making diligent inquiry. A LCC violation report was filled out and filed with the commission.

Both the managers and Radzio were cooperative with officers during the investigation.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
Barton/Cascioli			

NARRATIVE REPORT  
WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE 1 OF 1

01	DATE 050301	DAY THU	SHIFT A	PLAT 9A	BADGE 1 224	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 01	INCIDENT # 15389
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02 Statement of: Dyan Fair Home Phone: 524-3477

03 Address: 500 W. Big Beaver Business Phone: 11

04 City: Troy State: MI Zip: 48084

05

06 I, Dyan Fair, entered Ruths Chris

07 Steakhouse at 6:30 pm on May 3, 2001.

08 I ordered a glass of merlot wine &

09 the waiter who was app. 6'2" with

10 short blond hair (male) served me with-

11 out asking for any identification or

12 my birth date. My ~~partner~~ partner ~~seated~~

13 and I then left.

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28 Taken By: W. Avery #224 X: Dyan Fair

29 Place: 755 W. BIG BEAVER (SIGNATURE)

Date: 05/03/01 Time: 19<sup>00</sup>

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

CASCIOLA / BARTON



Ticket No. **N 6181112** Incident No. **01-15389** Dept. No. **84**  
Local Use/Arrest No. \_\_\_\_\_ Detection Device \_\_\_\_\_  
The People of: ☐ the State of Michigan  
☐ Township ☒ City ☐ Village ☐ County **TROY** BAC \_\_\_\_\_ of 1  
OF: **TROY**  
THE UNDERSIGNED: Month **5** Day **3** Year **01** At approximately ☐ A.M. ☒ P.M. Date Month **4** Day **17** Year **98**  
SAYS THAT ON: State **MI** Driver's License Number **R 320,067,004,298** Social Security No. \_\_\_\_\_  
Race **W** Sex **M** Height **6-2** Weight **190** Hair **BRN** Eyes **BLU** Occupation/Employer **WATER / RUTH'S CHRIS**  
Name (First, Middle, Last) **ANDRZEJ RADZIO**  
Street **42220 PARKSIDE**  
City **STERLING HTS** State **MI** Zip Code **48314**  
Vehicle Plate No. \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Vehicle Description (Year, Make, Color) \_\_\_\_\_ Type \_\_\_\_\_

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule  
UPON **755 W - BIG BEAVER**  
AT OR NEAR **HTS**  
WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	<b>9-77-3</b>	<b>FURNISH ALCHO. TO MINOR W/O DILIGENT INQ</b>	<b>1</b>
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			<b>2</b>
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			<b>3</b>
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.  
Offense Code(s) **1 2 3**  
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive  
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks \_\_\_\_\_  
CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ \_\_\_\_\_  
☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond  
☐ Traffic Crash ☐ Death ☐ Appearance Certificate  
Person in Active Military Service ☐ Yes ☒ No ☐ None  
SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
☒ Appearance Date on or before **MAY 23 2001**  
☐ Hearing Date (if applicable) on **0830** ☒ Contact Court  
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**  
Court Address & Phone Number  
**520 W. BIG BEAVER RD., TROY, MICHIGAN 48084**  
**PHONE: (248) 528-0400**  
☒ served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).  
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.  
Complainant's Signature and receipt if applicable: \_\_\_\_\_  
Officer's Name (printed) **CASCIO / BARTON** Officer's ID No. **042 / 70**  
Agency OHI **MI- 6378400** Agency Name **TROY POLICE DEPARTMENT**  
UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES  
ORDER BY FORM NO. M76 (Revised 11/95)  
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



# Michigan Department of Consumer & Industry Services

## LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

## VIOLATION REPORT

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

Class C 8265-2001 SS

License No. SDM 18889-2001 Business ID 5400 File # \_\_\_\_\_

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Prime Steak - Troy LLC 2. Doing Business As Ruth's Chris Steakhouse

3. Mailing Address (street, city, zip code) 755 W. Big Beaver Rd., Troy, 48084

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / SDM

7. Date of Violation: Friday 08/17/01 7:15 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 03/02/82 Was this a DECOY? ☒ Yes / ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

### COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29613

Officer Signature [Signature] Name and Title (print) Officer Antonio Cascioli

Officer Signature [Signature] Name and Title (print) Officer Carl Barton

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Angela Bernadette Cocuzza Address 21719 Normandy, Eastpointe, MI, 48021

Will testify to: serving the beer without asking for identification.

2. Name Pamela Jeane McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served the beer without being asked for identification.

3. Name Joe Crowell Address 755 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: Manager on Duty.

4. Name Officers Cascioli & Barton Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Will testify to: \_\_\_\_\_

EVIDENCE

Location Held: Troy Police Department Property Room - tag #114278

1 - Polaroid photo of a bottle of Labatt's beer

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE: 08/17/01	DAY: FR	SHIFT: 02	PLATOON: 99	BADGE 1: 042	BADGE 2: 070	UOR STATUS: E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR: 01	INCIDENT NUMBER: 29613
02	RECEIVED: 1915	DISPATCHED: 1915	ARRIVED: 1915	COMPLETED: 1930	DATE(S) OCCURRED: 08/17/01	TIMES(S) OCCURRED: 1915	ASSIGNED HOUR / DAY: 1915 FR			
03	LOCATION / ADDRESS: 755 W. BIG BEAVER		LOCATION 2 (INTERSECTING STREET): 175							
04	CITY: TROY	STATE: MI	ZIP: 48084	CODE: L	BUSINESS NAME: RUTH'S CHRIS STEAKHOUSE	BUSINESS PHONE: 269-8570				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN: <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED: <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL: 07	GEOGRAPHIC	
06	NATURE OF OFFENSE #1: FURNISH ALCOHOL TO MINOR		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE: 1	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX): DPU / CASCIOLI / BARTON	RAC	SEX	DOB	AGE
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP		
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		

T 13	VICTIM CONNECTED TO OFFENSE: <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE: 1 <input type="checkbox"/> INDIVIDUAL 8 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY: N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BO" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	99 STRANGER 99 UNKNOWN	REL / OFF #			

16	CODE: R4	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX): COCUZZA, ANGELA BERNADETTE	RAC	SEX	DOB: NF 11.16.76	AGE	
A 17	ADDRESS: 21719	(DIRECTION, STREET, SUFFIX, QUALIFIER): NORMANDY AVE.	CITY: EASTPOINTE	STATE: MI	ZIP: 48021			
R 18	HOME PHONE: 810-214-1283	BUSINESS PHONE: 248-269-8570	HEIGHT: 5-2	WEIGHT: 105	EYES: BRN	HAIR COLOR / LENGTH / STYLE: BLK MED	BUILD: DIST	SKIN TONE: RTH, MED
R 19	STATE: MI	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S): 632133			

S 21	ARREST / SUMMONS DESCRIPTION: FURN. ALCO. TO MINOR	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE: <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST: 11 <input type="checkbox"/> UNARMED 12 <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> FIREARM 15 <input type="checkbox"/> SHOTGUN 16 <input type="checkbox"/> HANDGUN 17 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN: <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	<input type="checkbox"/> DISP <input type="checkbox"/> PER	

24	CODES: E	DESCRIPTION: PHOTO OF BEER.	PROPERTY TYPE	QUANTITY: 01	YEAR	MAKE	MODEL				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK							SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPU / CASCIOLI / BARTON				REVIEWED BY: WLA# 724		ATTENTION TO:				

## TROY POLICE DEPARTMENT

500 W. Bg Beaver - Troy, MI 48064-5285  
ORI # MI6378400

## PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER				
	08.17.01	FR	02	99	042	070	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01	29613				
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
	4		CROWELL, JOE				WM			35				
I 03	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
	755		W. BIG BEAVER				TROY		MI	48084				
C 04	HOME PHONE		BUSINESS PHONE		STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.							
			269-8570				GENERAL MGR RUTHS CHRIS.							
T 05	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY					
	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4						N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL					
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #			
	01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY				20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				98 STRANGER 99 UNKNOWN REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES			
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
	8		MCDONALD, PAMELA SEANE				WF		030282	19				
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
	500		W. BIG BEAVER				TROY		MI	48084				
C 10	HOME PHONE		BUSINESS PHONE		STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.							
			524-3477				DECOY							
T 11	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY					
	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4						N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL					
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #			
	01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY				20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				98 STRANGER 99 UNKNOWN REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES			
M 13	CODE		OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE			
	14													
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #					
E 18	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)									
S 19	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 20	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
21	ARREST TYPE		ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 13 <input type="checkbox"/> RIFLE 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT 11 <input type="checkbox"/> FIREARM 14 <input type="checkbox"/> SHOTGUN (e.g. Switchblade Knife, etc.) 12 <input type="checkbox"/> HANDGUN 15 <input type="checkbox"/> OTHER FIREARM 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL	
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #					
E 26	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)									
S 27	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 28	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
29	ARREST TYPE		ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 13 <input type="checkbox"/> RIFLE 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT 11 <input type="checkbox"/> FIREARM 14 <input type="checkbox"/> SHOTGUN (e.g. Switchblade Knife, etc.) 12 <input type="checkbox"/> HANDGUN 15 <input type="checkbox"/> OTHER FIREARM 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL	
30	INVESTIGATING OFFICER(S):				REVIEWED BY:				ATTENTION TO:					

## NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	8/17/01	WED	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	29613**

MEMBERS OF THE DIRECTED PATROL UNIT WERE CONDUCTING A LIQUOR COMPLIANCE TEST AT THE ABOVE LOCATION. THE STUDENT ENFORCEMENT AIDES THAT WERE AT THE LOCATION WERE PAMELA JEANE MCDONALD WF, 030282 AND ANTHONY JOSEPH LAMERTO W/M, 031783.

THE STUDENT ENFORCEMENT AIDES ENTERED AND SAT AT A TABLE IN THE BAR. A W/F LATER IDENTIFIED ANGELA BERNADETTE COCUZZA APPROACHED THEM AND ASKED WHAT THEY WOULD LIKE TO DRINK. MCDONALD ASKED FOR A LABATT BEER. COCUZZA DID NOT ASK FOR ID OR AGE. LAMERATO ORDERED WATER. A SHORT TIME LATER, COCUZZA RETURNED WITH THE BEER AND THE WATER.

AFTER BEING SERVED THE BEER, MCDONALD NOTIFIED OFFICERS AND WE SECURED THE DRINK AND THE STUDENT ENFORCEMENT AIDES LEFT THE BAR. BARTON MADE CONTACT WITH THE MANAGEMENT AND EXPLAINED WHAT HAD JUST OCCURRED. OFFICERS WERE IN THE BAR AND WITNESSED THE SERVICE.

I SPOKE WITH COCUZZA AND ASKED WHAT SHE THOUGHT THE AGE OF THE GIRL WAS THAT ORDERED THE BEER WAS. SHE STATED THAT SHE THOUGHT SHE WAS ABOUT HER OWN AGE – ABOUT 24. SHE STATED THAT SHE MADE A JUDGEMENT CALL ON AGE AND ADMITTED THAT SHE DID NOT ASK FOR IDENTIFICATOIN. SHE THOUGHT THAT THE STUDENT ENFORCEMENT AID WAS OVER THE AGE OF 21.

COCUZZA WAS ISSUED CITATION # 632133 FOR SERVING ALCOHOL TO A PERSON UNDER 21 WITH OUT MAKING A DILIGENT INQUIRY. A LCC VIOATION WAS FILLED OUT AND FILED.

THE MANAGEMENT AND BARTENDER WERE ALL COOPERATIVE WITH OFFICERS.

INVESTIGATING OFFICER(S) C, BARTON 070 AS <i>AS</i> CASCIOLI 42	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
---	-------------	-------------------	--------------

# TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI # MI6378400

## NARRATIVE REPORT WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE 1 OF 1

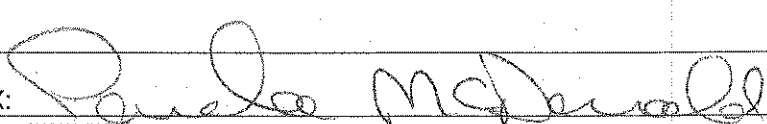
01	DATE 8/17/01	DAY FRI	SHIFT 97	PLAT 97	BADGE 1	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 9/1	INCIDENT # 29613
----	-----------------	------------	-------------	------------	---------	---------	---	--	-------------------	-------------	---------------------

02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118

03 Address: (PLEASE PRINT) 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48068

05 I, Pamela McDonald entered Ruth's  
06 Chris Steak house along with  
07 Anthony Damerato at 7:15 pm on  
08 8-17-01. We entered the bar area  
09 I sat at a table that was next  
10 to the door. A short asian women  
11 with black hair asked us what we  
12 wanted. Anthony asked for a water  
13 and I asked for a Labatt Blue.  
14 The waitress than gave me the  
15 drink without asking me for I.D.  
16 Officers responded and we left  
17 the bar.

18  
19  
20  
21  
22  
23  
24  
25  
26  
27 X:   
(SIGNATURE)

28 Taken By: Wolk  
(SIGNATURE)

29 Place: STATION Date: 8-17-01 Time: 2300

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

DPV



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

November 7, 2001

Prime Steak-Troy, L.L.C.  
d/b/a Ruth's Chris Steakhouse  
755 W. Big Beaver  
Troy, MI 48084



RE: Complaint No. 1-64670

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 10, 2001 as indicated on your Invoice No. 77605. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:tt

Enclosures

c: Troy PD



STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

IN RE: PRIME STEAK-TROY, L.L.C.  
D/B/A RUTH'S CHRIS STEAKHOUSE  
755 W. BIG BEAVER  
TROY, MI. 48084

COMPLAINT NO. 1-64670  
BUSINESS I.D. NO. 5400

CLASS C SDM

---

CHARGE - August 17, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Pamela McDonald, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of J. Stan Harris, a member of the above named Licensed Limited Liability Company, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-64670 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as

evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment during August 17, 2001 and was served alcoholic liquor by an employee of the above-named Llicensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted by the above-named Stan Harris which stated, in part, that the employee involved in this case has been disciplined as a result of this incident, which outlined the training requirements of the Licensee, and which included successful decoy operation letters from the Troy Police Department.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-64670 did violate MCL 436.1801(2), as cited.

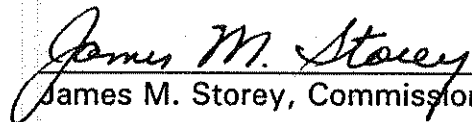
ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows one prior violation which is similar to the one in this Complaint, and which occurred in May, 2001, since being licensed by the MLCC on May 16, 1996 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$750.00 as penalty in this matter. The Commissioner further Orders that a suspension of 37 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: October 31, 2001

  
James M. Storey, Commissioner



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

July 26, 2001

(517) 322-1390  
FAX (517) 322-6347

PRIME STEAK-TROY, L.L.C.  
D/B/A RUTH'S CHRIS STEAKHOUSE  
755 W. BIG BEAVER  
TROY, MI 48084



RE: Complaint No. 1-61841

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order or certified check payable to the STATE OF MICHIGAN must be received in this office no later than August 27, 2001 as indicated on your Invoice No. 75992. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Terri at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:tt

Enclosures

c: Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

IN RE: PRIME STEAK-TROY, L.L.C.  
D/B/A RUTH'S CHRIS STEAKHOUSE  
755 W. BIG BEAVER  
TROY, MI. 48084

---

COMPLAINT NO. 1-61841  
BUSINESS I.D. NO. 5400

CLASS C SDM

CHARGE - May 3, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Dyan Fair, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Stan Harris, a member of the above named Licensed Limited Liability Company, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-61841 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair, while under the direction of the Troy Police Department, entered the above named licensed establishment during May 3, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Stan Harris.

#### CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-61841 did violate MCL 436.1801(2), as cited.

#### ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation

PRIME STEAK-TROY, L.L.C.  
D/B/A RUTH'S CHRIS STEAKHOUSE

COMPLAINT NO. 1-61841  
PAGE 3

since being licensed by the MLCC on May 16, 1996 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: July 14, 2001

  
Ena Weathers, Commissioner



City of  
Troy

Charles T Craft, Chief of Police  
500 West Big Beaver Road  
Troy, Michigan 48084  
(248) 524-3443

## MEMORANDUM

### SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejaïs, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie



February 15, 2002

Ruth's Chris Steak House  
Prime Steak-Troy, L.L.C.  
755 W Big Beaver  
Troy, Michigan 48084

**Re: Liquor License:** Class C 8265-2000 SDM 18889-2000  
Ruth's Chris Steak House  
755 W Big Beaver  
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, Public Hearings will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy Michigan on Monday, February, 25, 2002 at 7:30 PM. These hearings allow the Troy City Council to review liquor license violations occurring the previous year.

As you are aware, your licensed establishment was cited for a liquor violation. However, due to time constraints, City Council will hold public hearings only for licensed establishments which have been cited with a violation on more than one occasion in the preceding four years.

There will not be a formal public hearing concerning your establishment, and therefore City Council will not make any recommendations for suspension and/or revocation to the MLCC. However, City Council will be aware of your liquor license citation, and is vested with the authority to pass resolutions concerning the sale of alcohol in your business. One example of a resolution recently passed by Council mandated all servers/sales clerks of a licensee to attend TIPS/TAMS training. You may wish to be present at the City Council meeting to address any questions or concerns that arise concerning your establishment.

If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at (248) 524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk

McCormick & Schmick Seafood Restaurant  
McCormick & Schmick Operating Corp.  
2850 Coolidge  
Troy MI 48084  
Class C 79497-2001  
Sale to Minor

# LCC

## Liquor Licensee History

Business name: **McCormick & Schmick Seafood Restaurant**

Address: 2850 Coolidge

Licensee: McCormick & Schmick Operating Corp.

License type: **Class C**

Permits: Official (Food), Dance

Comments:

Date	Troy Incident #	Type	Disposition	Date
04/02/01	01-11164	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/04/01	01-19496	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
<b>08/17/01</b>	<b>01-29608</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$400</b>	<b>10/16/01</b>
08/28/01	01-30898	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-36169	Compliance Test	PASSED	
12/06/01	01-43657	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/12/02	02-01250	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**MCCORMICK & SCHMICK  
2850 COOLIDGE**

**2001 INCIDENT HISTORY**

<b>Complaint Number</b>	<b>Report Date</b>	<b>Description</b>
01-29608	08/17/01	LCC Violation
01-33572	09/18/01	Robbery Alarm
01-33874	09/20/01	Assault
01-46530	12/31/01	Burglary Alarm



# Michigan Department of Consumer & Industry Services

## LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
Phone (517) 322-1390 ~ FAX (517) 322-6347

## VIOLATION REPORT

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

License No. 79497-2001 SS Business ID 134599 File # \_\_\_\_\_

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee McCormick & Schmick Operating Group 2. Doing Business As McCormick & Schmick Seafood Restaurant

3. Mailing Address (street, city, zip code) 2850 Coolidge, Troy, 48084

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) Sanday Sales, dance, food

7. Date of Violation: Friday 08/17/01 7:00 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 03/02/82 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

### COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29608

Officer Signature *Russell Bragg* Name and Title (print) Officer Russell Bragg

Officer Signature *Robert Wolfe* Name and Title (print) Officer Robert Wolfe

Department Name Troy Police Department Phone # (248) 524-3477

WITNESSES

1. Name Dan McNamara Address 42519 Park Ridge, Novi, MI, 48375

Will testify to: Dining Room Manager.

2. Name Joseph Michael Ducato Address 42165 Crescendo Dr. S., Sterling Hts., MI, 48314

Will testify to: bartender, served decoy.

3. Name Pamela McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served alcohol by Ducato without diligent inquiry as to age or identification  
(Student Enforcement Aide)

4. Name Officer Russell Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

5. Name Officer Robert Wolfe Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

EVIDENCE

Location Held: Troy Police Department Property Room

1 - Polaroid photo of a 16 oz glass of Labatt's beer

## TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285  
ORI # MI6378400

## INCIDENT REPORT

SUPP ☐

PAGE 1 OF 2

01	DATE 08.17.01	DAY FRI	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 29608		
02	RECEIVED 1900	DISPATCHED	ARRIVED	COMPLETED 1930	DATE(S) OCCURRED 08.17.01			TIMES(S) OCCURRED 1900		ASSIGNED HOUR / DAY 19 FRI		
03	LOCATION / ADDRESS 2850 COULIDGE HWY.					LOCATION 2 (INTERSECTING STREET)						
04	CITY TROY	STATE MI	ZIP 48084	CODE	BUSINESS NAME McCORMICK + SCHMICK				BUSINESS PHONE 637-6400			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION BAR / RESTAURANT				ESTAB CODE 0202	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER		PATROL 07	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 FURNISHING ALCOHOL TO A MINOR				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (F) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) McDONALD, PAMELA					RAC WF	SEX F	DOB 030282	AGE 19			
I 11	ADDRESS 500 W. BIG BEAVER		CITY TROY					STATE MI	ZIP 48084					
G 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE								
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 8 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL				
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER							
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN							
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN								
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER								

16	CODE 4.S	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DUCATO, JOSEPH MICHAEL					RAC WM	SEX M	DOB 071649	AGE 52
A 17	ADDRESS 42165 CRESCENDO DR. S.		CITY STERLING HEIGHTS					STATE MI	ZIP 48314		
R 18	HOME PHONE 810-739-5549	BUSINESS PHONE 637-6400	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 19	STATE MI	DRIVER'S LICENSE # D230441603562	SOC. SEC. #	SID #		FBI #					
E 20	PERSON COMMENTS / CLOTHING BARTENDOR					SUMMONS / CITATION NUMBER(S) 618102					

S 21	ARREST / SUMMONS DESCRIPTION FURN. ALCOHOL TO A MINOR		ARREST CHARGE 1	ARREST DATE 081701	PLATOON 99	BADGE 1 105	BADGE 2 006	FM MS	DEPARTMENT ARREST NUMBER		
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	AFIS NUMBER		
23	ARREST <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL		

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED												
24	CODES E	DESCRIPTION PHOTOGRAPH			PROPERTY TYPE	QUANTITY 01	YEAR	MAKE POLAROID	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.					
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114273		LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED				
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF 16 OZ. LABATT BEER IN A GLASS								SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPU / BRACK WOLFE					REVIEWED BY: WLA#224		ATTENTION TO:				

**TROY POLICE DEPT.**

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

**NARRATIVE REPORT**

\_\_\_ SUPP

\_\_\_ CORR

\_\_\_ DELETE

PAGE 1 OF 2

01	DATE 8/17/01	DAY Fri	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 01	INCIDENT # **29608
----	-----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-----------------------

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aides Anthony Lamerato (18) and Pamela McDonald (19).

Aides Lamerato and McDonald entered McCormick & Schmick's and proceeded to the bar. Bartender Joseph Ducato approached and asked them for their drink order. Aide Lamerato did not order anything while Aide McDonald ordered a glass of Labatt's beer. Bartender Ducato failed to ask for identification and served Aide McDonald the glass of beer.

Officer's spoke with Bartender Ducato whom stated he thought she looked over 21.

Citation issued for Furnishing Alcohol to Minor. LCC form completed. Photograph tagged and placed into property.

INVESTIGATING OFFICER(S) WOLFE #105	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------



NARRATIVE REPORT  
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 08/17/01	BAY FRZ	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2 06	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 01/	INCIDENT # 29608
----	------------------	------------	-------------	------------	----------------	---------------	---	----------------	-------------	---------------------

02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118  
(PLEASE PRINT)

03 Address: 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48098

05

06 I Pamela McDonald entered

07 McCormick + Schmick at 7:00pm on

08 8-17-2001. Anthony and I approached

09 The bar area, ~~and~~ he waited behind

10 me while I ordered a Labatt Blue

11 The bar tender asked me what I

12 wanted to drink, ~~I asked for~~

13 without asking for any id.

14 Then he handed me the drink

15 while officer Wolf approached me.

16 The bar tender was an elderly

17 man with glasses.

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X: Pamela McDonald  
(SIGNATURE)

Taken By: Wolf  
(SIGNATURE)

Place: STATION

Date: 8-17-01 Time: 2220

INVESTIGATING OFFICER(S)

REVIEWED BY

ASSIGNED TO / BADGE

ATTENTION TO



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

October 17, 2001



McCORMICK & SCHMICK OPERATING CORP.  
D/B/A McCORMICK & SCHMICK SEAFOOD RESTAURANT  
2850 COOLIDGE  
TROY, MI 48084

RE: Complaint No. 1-64671

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than November 19, 2001 as indicated on your Invoice No. 76711. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:tmn

Enclosures

c: John B. Carlin, Jr., Attorney  
Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

IN RE: McCORMICK & SCHMICK OPERATING CORP. COMPLAINT NO. 1-64671  
D/B/A McCORMICK & SCHMICK BUSINESS I.D. NO. 134599  
SEAFOOD RESTAURANT  
2850 COOLIDGE  
TROY, MI. 48084 CLASS C

---

CHARGE - August 17, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Pamela McDonald, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of John B. Carlin, Jr., an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-64671 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as

evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment during August 17, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted by the above-named John B. Carlin, Jr. which stated, in part, that the employee involved in this case has been dismissed as a result of this incident and which outlined the steps that have been taken to prevent future violations of this type.

McCORMICK & SCHMICK OPERATING CORP.  
D/B/A McCORMICK & SCHMICK SEAFOOD  
RESTAURANT

COMPLAINT NO. 1-84671  
PAGE 3

**CONCLUSIONS OF LAW**

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-84671 did violate MCL 436.1801(2), as cited.

**ORDER**

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation since being licensed by the MLCC on February 16, 2001 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$400.00 as penalty in this matter. The Commissioner further Orders that a suspension of 20 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: October 16, 2001

  
Eric Weathers, Commissioner

TRUE COPY



City of  
Troy

Charles T Craft, Chief of Police  
500 West Big Beaver Road  
Troy, Michigan 48084  
(248) 524-3443

## MEMORANDUM

### SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-  
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

McCormick & Schmick Seafood Restaurant  
2850 Coolidge  
Troy, Michigan 48084

**Re: Liquor License:** Class C 79497-2001  
McCormick & Schmick Seafood Restaurant  
2850 Coolidge  
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, Public Hearings will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy Michigan on Monday, February, 25, 2002 at 7:30 PM. These hearings allow the Troy City Council to review liquor license violations occurring the previous year.

As you are aware, your licensed establishment was cited for a liquor violation. However, due to time constraints, City Council will hold public hearings only for licensed establishments which have been cited with a violation on more than one occasion in the preceding four years.

There will not be a formal public hearing concerning your establishment, and therefore City Council will not make any recommendations for suspension and/or revocation to the MLCC. However, City Council will be aware of your liquor license citation, and is vested with the authority to pass resolutions concerning the sale of alcohol in your business. One example of a resolution recently passed by Council mandated all servers/sales clerks of a licensee to attend TIPS/TAMS training. You may wish to be present at the City Council meeting to address any questions or concerns that arise concerning your establishment.

If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at (248) 524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk

Ashoka Indian Cuisine  
B&R Enterprises, Inc.  
3642 Rochester Rd.  
Troy MI 48083

Class C/SDM 101151-2001 & 101152-2001  
Sale to Minor



# LCC

## Liquor Licensee History

Business name: **Ashoka Indian Cuisine**  
Address: 3642 Rochester Rd. (248) 689-7070  
Licensee: B & R Enterprises, Inc.  
License type: Class C  
Permits: Entertainment  
Comments: Raveena and Bharath Reddy, (248) 373-2126

Date	Troy Incident #	Type	Disposition	Date
02/19/01		Council approves license transfer from C & P Mine Co., Rochester Hills New licensees, B&R Enterprises, Inc. Raveena and Bharath Reddy		
05/03/01	01-15403	Sale to Minor (Compliance Test)	\$700 (2 x \$350)	07/13/01
06/06/01	01-19818	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29496	Compliance Test	PASSED	
08/28/01	01-??	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35420	Compliance Test	PASSED	
10/16/01	01-37327	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**ASHOKA INDIAN CUISINE  
3642 ROCHESTER RD**

**2001 INCIDENT HISTORY**

<b>Complaint Number</b>	<b>Report Date</b>	<b>Description</b>
01-15403	05/03/01	LCC Violation
01-25224	07/16/01	Alarm



# Michigan Department of Consumer & Industry Services

## LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
Phone (517) 322-1390 ~ FAX (517) 322-6347

## VIOLATION REPORT

(Authorized by P.A.58 of 1998)

**\* Officers Please Obtain This Information From The License \***

License No. 101151-2001 Business ID 137164 File #  
101152-2001

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee B & R Enterprises, Inc. 2. Doing Business As Ashoka Indian Cuisine

3. Mailing Address (street, city, zip code) 3642 Rochester Rd., Troy, MI, 48083

4. Township \_\_\_\_\_ 5. County Oakland

6. Type of License(s) & Permit(s) SDM

7. Date of Violation: 05/03/01 Thursday 8:35 AM or PM  
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor  
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling  
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances  
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: \_\_\_\_\_

01/12/82  
if MINOR: Birth date 03/24/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: \_\_\_\_\_

### COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-15403

Officer Signature Robert Wolfe Name and Title (print) Robert Wolfe, Police Officer

Officer Signature Russell Bragg Name and Title (print) Russell Bragg, Police Officer

Department Name Troy Police Department Phone # (248) 524-3477

WITNESSES

1. Name Dyan Fair Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: sale to minor.

2. Name Raveena Raddy Address 3642 Rochester Rd., Troy, MI, 48083

Will testify to: manager of establishment.

3. Name Gary Walton Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: sale to minor.

4. Name Officer R. Wolfe Address 500 W. Big Beaver, Troy, MI, 48084

Will testify to: sale to minor.

5. Name Officer R. Bragg Address 500 W. Big Beaver, Troy, MI, 48084

Will testify to: sale to minor.

EVIDENCE

Location Held: Troy Police Dept. Property Room, tag #112914

1 - Polaroid photo of two Miller Genuine Draft beers

TROY POLICE DEPARTMENT
INCIDENT REPORT
500 W. Big Beaver - Troy, MI 48084-5285
ORI # M:5378400
SUPP 1 OF 3
PAGE 1 OF 3
01 050301 THU 09 99 006 1.05 UCR STATUS E10 DEATH OF OFFENDER E11 PROSECUTION DECLINED E12 EXTRADITION DECLINED E13 REFUSED TO COOPERATE E14 JUVENILE, NO CUSTODY YEAR 011 INCIDENT NUMBER 15403
02 2035 2100 050301 2035 20 THU
03 3642 ROCHESTER
04 TROY MI 48083L ASHOKA INDIAN CUISINE
05 RESTAURANT 0214
06 LCC VIOLATION
07
08
09
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE
V 10 8 FAIR, DYAN WF 03248219
I 11 500 W. BIG BEAVER TROY MI 48084
G 12 524-3477 STUDENT ENFORCEMENT AIDE
T 13
I 14
M 15
A 16 4501 ALMBIDA CLEOFAS JOSE-JULIO UM 09257624
A 17 4507 ASCOT CT. ROCHESTER HILLS MI 48306
R 18 248-526-9415
R 19 MI A453 119.7416
E 20 WAITER 618101
S 21 FURNISH ALCOHOL TO MINOR 050301 09 006 1.05 MS
T 22
23
CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED
24 E PHOTOGRAPH POLAROID
25
26 112914 DEPOSITORY
27
28 PHOTOS OF TWO MILLER GENUINE DRAFT BEERS SEIZED DRUGS
29 BRAGG/WOLFE I LA#224

## TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285

ORI # M16378400

## PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 05.03.01	DAY THU	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 15403	
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE											
V 02	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) WALTON, GARY					RAC WM	SEX M	DOB 01/12/82	AGE 19
I 03	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER					CITY TROY	STATE MI	ZIP 48084		
C 04	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
T 05	VICTIM CONNECTED <input type="checkbox"/> 1 TO OFFENSE <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	<input type="checkbox"/> 3 FINANCIAL <input type="checkbox"/> 4 GOVERNMENT <input type="checkbox"/> 5 RELIGIOUS	<input type="checkbox"/> 6 SOCIETY / PUBLIC <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 8 POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> 9 NONE <input type="checkbox"/> 10 BROKEN BONE	<input type="checkbox"/> 11 MINOR INJURY <input type="checkbox"/> 12 MAJOR INJURY	<input type="checkbox"/> 13 POSS. INT. INJURIES <input type="checkbox"/> 14 SEVERE LACERATION	<input type="checkbox"/> 15 LOSS OF TEETH <input type="checkbox"/> 16 UNCONSCIOUSNESS	<input type="checkbox"/> 17 FATAL	
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					
V 08	CODE 18	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) RADDY RAVENNA					RAC UF	SEX F	DOB 05/18/59	AGE
I 09	ADDRESS 3642	(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER					CITY TROY	STATE MI	ZIP 48083		
C 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. MANAGER					
T 11	VICTIM CONNECTED <input type="checkbox"/> 1 TO OFFENSE <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	<input type="checkbox"/> 3 FINANCIAL <input type="checkbox"/> 4 GOVERNMENT <input type="checkbox"/> 5 RELIGIOUS	<input type="checkbox"/> 6 SOCIETY / PUBLIC <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 8 POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> 9 NONE <input type="checkbox"/> 10 BROKEN BONE	<input type="checkbox"/> 11 MINOR INJURY <input type="checkbox"/> 12 MAJOR INJURY	<input type="checkbox"/> 13 POSS. INT. INJURIES <input type="checkbox"/> 14 SEVERE LACERATION	<input type="checkbox"/> 15 LOSS OF TEETH <input type="checkbox"/> 16 UNCONSCIOUSNESS	<input type="checkbox"/> 17 FATAL	
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP		
R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MOT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL		
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP		
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MOT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL		
30	INVESTIGATING OFFICER(S) BRACKET WOLFE					REVIEWED BY:		ATTENTION TO:			

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	5/3/01	Thu	09	99	105		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	01	**15403

Directed Patrol Unit conducting Liquor Compliance Checks with Student Enforcement Aides Dyan Fair (19) and Gary Walton (19). Aides Fair and Walton entered Ashoka Indian Cuisine restaurant and were seated at a booth. Waiter, Cleofas Almeida, approached them and asked for their drink order. Aides Fair and Walton both ordered a bottle of Miller Genuine Draft beer. The waiter returned with the beers and served them without out asking for identification.

In speaking with the waiter, Mr. Almeida stated he "thought they were 21" and therefore did not ask for identification. Manager, Raveena Raddy, stated they received their liquor license 2 days prior and she had just picked up the alcohol today. Manager Raddy and another employee had recently been to the Tips/Tams program but waiter Almeida had not been.

Citation issued to Mr. Almeida for Furnishing Alcohol to Minor. Listed photograph, of MGD bottles, were tagged and placed into property.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
Wolfe			

NARRATIVE REPORT  
WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE

OF

1 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #	
02	05/03/01	THU	09	99	224		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	011	15403	
03	Statement of: Dyan Fair						Home Phone: 524-3477				
04	(PLEASE PRINT)										
05	Address: 500 W. Big Beaver						Business Phone:				
06	City: Troy						State: MI Zip: 48064				
07	I, Dyan Fair, entered with my										
08	partner Ashoka Indian on May 3,										
09	2001 app. at 8:25 p.m. My partner & I										
10	both ordered a bottle of Miller beer										
11	and the waiter who had dark hair										
12	& served both of us without asking for										
13	any i.d. or birth dates. My partner & I										
14	pointed out the server to Officer										
15	Wolfe & my partner & I then <del>exited</del> left										
16	the building.										
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28	Taken By: W. Avery #224						X: Dyan Fair				
29	(SIGNATURE)						(SIGNATURE)				
30	Place: 3642 ROCHESTER						Date: 05/03/01 Time: 2100				
31	INVESTIGATING OFFICER(S)						REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO
32	DPV										



NARRATIVE REPORT  
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
01	050301	T	H	U	99	224	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT		6115403
02	Statement of: Gary Walton J.R.						Home Phone: (248) 528-2056			
03	Address: 2046 Cecil						Business Phone:			
04	City: Troy						State: MI Zip: 48083			
05										
06	I, Gary Walton, entered Ashoka Indian on May 3,									
07	2001 at approximately 8:25 p.m. My partner and									
08	I both ordered a bottle of Miller Genuine Beer.									
09	We were served by a Male with dark hair									
10	who stood about 5'10". The server did not ask for									
11	any form of Identification or Birth date. Upon being									
12	served officer Robert Wolfe came over to relieve									
13	us after we pointed the server out to him.									
14										
15										
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28	Taken By: W. Avery #224						x: Gary Walton (SIGNATURE)			
29	Place: 3642 ROCHESTER						Date: 5-3-01 Time: 9:00			
INVESTIGATING OFFICER(S)						REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO
DPV										

State of Michigan <b>Uniform Law Citation</b>		Ticket No. <b>Nº 618101</b>		<input type="checkbox"/> Victim Involved
US DOT #		Incident No.		Dept. No. <b>789</b>
The People of: <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No.		Detection Device
OF: <b>TROY</b>		BAC		1 of 1
THE UNDERSIGNED SAYS THAT ON:		Month <b>5</b> Day <b>3</b> Year <b>01</b>	At approximately <b>8:40</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Date Month <b>9</b> Day <b>25</b> Year <b>78</b>
State <b>MI</b> Driver's License Number <b>A 453,119</b>		Social Security No.		
Race <b>B</b>	Sex <b>M</b>	Height	Weight	Hair Eyes Occupation/Employer
Name (First, Middle, Last) <b>CLERAS JOSE-JULIO ALMEIDA</b>				
Street <b>4507 ASCOT CT</b>				
City <b>ROCHESTER HILLS</b>		State <b>MI</b>		Zip Code <b>48306</b>
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color) Type
THE PERSON NAMED ABOVE, in violation of <input checked="" type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule				
UPON <b>ASHOKA INDIAN COUSINE</b>				
AT OR NEAR <b>3642 ROCHESTER</b>				
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF <b>TROY</b>				
COUNTY OF <b>OAKLAND</b> DID THE FOLLOWING:				
Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.	
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authoriz. pend.		<b>FURNISH ALCOHOL TO MINOR</b>	1	
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authoriz. pend.			3	
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv				
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.				
Offense Code(s)				
1 2 3				
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authoriz. pend. = Authorization pending				
Remarks <b>248-526-9415</b>				
<b>THOUGHT THEY WERE 21</b>				
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$				
<input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> License Posted In Lieu of Bond				
<input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death <input type="checkbox"/> Appearance Certificate				
Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SEE DATE BELOW - SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS				
<input checked="" type="checkbox"/> Appearance Date on or before <b>5-16-01</b>				
<input type="checkbox"/> Hearing Date (if applicable) on <input type="checkbox"/> Contact Court				
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)				
In the <b>52-4 DISTRICT</b> Court of <b>OAKLAND COUNTY</b>				
Court Address & Phone Number				
<b>520 W. BIG BEAVER RD., TROY, MICHIGAN 48084</b>				
<b>PHONE: (248) 528-0400</b>				
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.				
Complainant's Signature and receipt if applicable		Month <b>5</b> Day <b>3</b> Year <b>01</b>		
<b>WMP / BR066</b>				
Officer's Name (printed)		Officer's ID No.		
<b>WMP / BR066</b>		<b>105106</b>		
Agency ORI		Agency Name		
<b>MI- 6378400</b>		<b>TROY POLICE DEPARTMENT</b>		
UC-01a (rev. 11/95)		Court Copy 1		

PRESS - YOU ARE MAKING FIVE COPIES  
ORDER BY FORM NO. M76 (Revised 11/95)  
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Liquor Control Commission  
7150 Harris Drive  
P.O. Box 30005  
Lansing, Michigan 48909-7505  
(517) 322-1345

July 26, 2001

(517) 322-1390  
FAX (517) 322-6347

B & R ENTERPRISES, INC.  
D/B/A ASHOKA INDIAN CUISINE  
3642 ROCHESTER  
TROY, MI 48083



**RE: Complaint No. 1-61839**

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, **a bank or postal money order or certified check** payable to the STATE OF MICHIGAN must be received in this office no later than August 27, 2001 as indicated on your Invoice No. 75993. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Terri at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor  
Hearings and Appeals

SKC:tt

Enclosures

c: ☒ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
LIQUOR CONTROL COMMISSION

IN RE: B & R ENTERPRISES, INC.  
D/B/A ASHOKA INDIAN CUISINE  
3642 ROCHESTER  
TROY, MI. 48083

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COMPLAINT NO. 1-61839  
BUSINESS I.D. NO. 137164

CLASS C SDM

CHARGE - May 3, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Dyan Fair, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).
- (2) Sell, furnish or give away alcoholic liquor to a person, one Gary Walton, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Bharath V. Reddy, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegations in this matter and, further, waived right to a hearing and entered pleas of acknowledgment to the two charges stated in Case No. 1-61839 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above-named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair and Gary Walton, while under the direction of the Michigan Liquor Control Commission, entered the above named licensed establishment during May 3, 2001 and were served alcoholic liquor by an employee of the above-named Licensee without showing proper proofs of age.

The Commissioner further finds that the employee of the above-named Licensee in this case requested and was shown proper proofs of age and did not make a diligent inquiry to determine the proper true ages of the purchasers.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair and Gary Walton were each 19 years of age at the time of this incident.

#### **CONCLUSIONS OF LAW**

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 0-61839 did violate MCL 436.1801(2), as cited in Charge Nos. 1 and 2 of the Complaint in this matter.

ORDER

In determining penalty for the charges for which violations were found, the Commissioner considered the Licensee's total record which shows no prior violation since being licensed by the MLCC on May 1, 2001 at the above-named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$350.00 for each Charge as penalty in this matter. The Commissioner further Orders that a suspension of 35 days be imposed if the total fine of \$700.00 is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: July 13, 2001

  
\_\_\_\_\_  
Ena Weathers, Commissioner



**City of  
Troy**

Charles T Craft, Chief of Police  
500 West Big Beaver Road  
Troy, Michigan 48084  
(248) 524-3443

## MEMORANDUM

### *SUPPORT SERVICES DIVISION*

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie  
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

**As requested!**

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Ashoka Indian Cuisine  
B&R Enterprises, Inc.  
3642 Rochester Rd.  
Troy, Michigan 48083

**Re: Liquor License:** Class C/SDM 101151-2001 & 101152-2001  
Ashoka Indian Cuisine  
3642 Rochester Rd.  
Troy, Michigan 48083

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, Public Hearings will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy Michigan on Monday, February, 25, 2002 at 7:30 PM. These hearings allow the Troy City Council to review liquor license violations occurring the previous year.

As you are aware, your licensed establishment was cited for a liquor violation. However, due to time constraints, City Council will hold public hearings only for licensed establishments which have been cited with a violation on more than one occasion in the preceding four years.

There will not be a formal public hearing concerning your establishment, and therefore City Council will not make any recommendations for suspension and/or revocation to the MLCC. However, City Council will be aware of your liquor license citation, and is vested with the authority to pass resolutions concerning the sale of alcohol in your business. One example of a resolution recently passed by Council mandated all servers/sales clerks of a licensee to attend TIPS/TAMS training. You may wish to be present at the City Council meeting to address any questions or concerns that arise concerning your establishment.

If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at (248) 524-3320.

Sincerely,

Barbara A. Holmes  
Deputy City Clerk